

UW EXTENSION OUT-OF-STATE TRAVEL APPROVAL REQUEST

TRAVELER'S NAME _____
 DESTINATION _____
 PURPOSE OF TRIP _____
 DATE OF DEPARTURE _____ DATE OF RETURN _____
 ESTIMATED COST \$ _____

Fund	Department	Program	Project/Grant

Other People Attending

- Yes _____ No _____ Is this travel essential & necessary for you to perform your duties?
 Yes _____ No _____ Are you a conference presenter or panelist?
 Yes _____ No _____ Could the business be accomplished through other means (teleconference, Videoconference, etc)?
 Yes _____ No _____ Are there alternative sites closer to campus that would result in lower travel costs?
 Yes _____ No _____ In the case of travel to an event, is it necessary for more than one employee from a division to attend?
 Yes _____ No _____ Could the information, instead, be shared with colleagues by the person who was authorized to attend?
 Yes _____ No _____ Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?

Please attach additional justification if necessary.

SIGNATURE OF TRAVELER _____

Approved Not Approved

 Department Head Date

Approved Not Approved

 Dean or Division Head Date